

Addressing the Health Needs of Older Adult and Seniors Experiencing Homelessness

National Health Care for the Homeless Conference

Peggy Bailey

CSH

May 30, 2014

The Source for
Housing Solutions



National Leadership Initiative to End Elder Homelessness



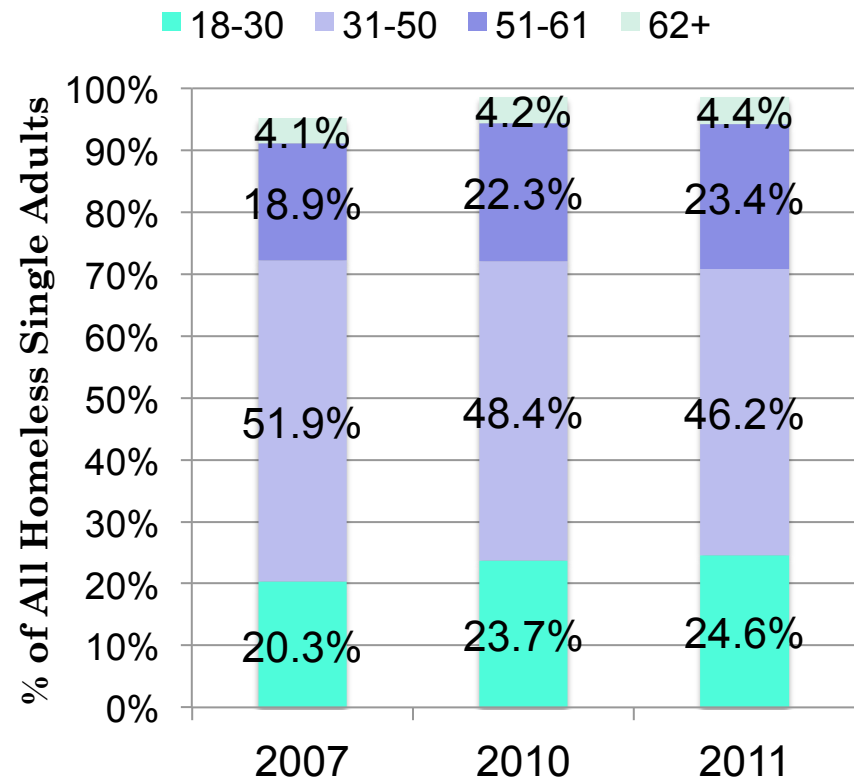
- **Purpose**
 - Bring attention to rising older adult and elderly homeless population
 - Recommend policy and program approaches to serving population through supportive housing
- **Two convenings of thought leaders contributed to material for presentation**
 - **2011 Policy Paper - <http://www.csh.org/resource/endinghomelessnessolderadults>**

Recent National Trends

Dr. Tom Byrne, University of Pennsylvania, states:

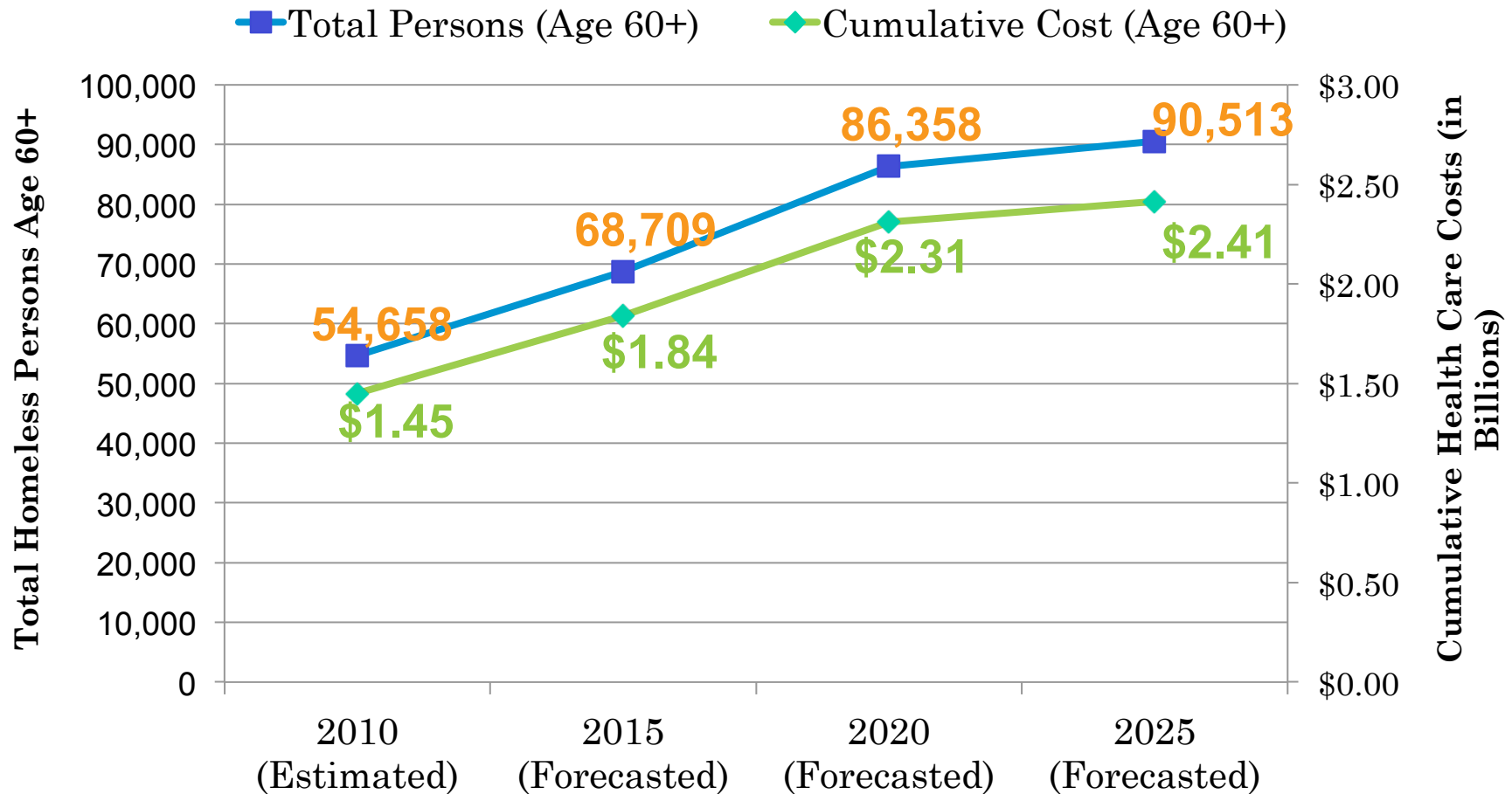
- Older homeless adults are growing as a share of the homeless population
- 28% of all homeless single adults were 51+ in 2011
- Up from 23% in 2007

Age Distribution of Single Adult Homeless Population



Source: 2011 Annual Homeless Assessment Report to Congress

Forecast of Rising Age and Costs



Source: Dr. Tom Byrne Estimates Based Data from U.S. Census Bureau, AHAR Report and U.S. Department of Veterans Affairs. Note: Cost estimates based on use of VA healthcare services and should be interpreted cautiously.

Supportive Housing Works

- **Population needs integrated housing and services**
 - Strong case management
 - Isolation
 - Afraid to leave apartment
 - Difficulty with accessibility

- **Supportive housing shift**
 - Line between SH and assisted living
 - Keeping people in their homes as long as possible
 - Linking with Medical Respite
 - Improving Medicaid and Medicare financing of services
 - Aligning housing resources (Section 202, Section 811, vouchers, McKinney, etc)

Aging in Place in Supportive Housing

- **As supportive housing ages, so do the long-standing tenants**
 - Chicago report noted close to 50% of supportive housing tenants were older adults
 - HUD homeless report shows 39% of individuals in supportive housing were 51 and up
 - CSH's 2013 supportive housing survey found 39% of respondents running or designing programs for frail elderly



Addressing The Health Needs of Formerly Homeless Older Adults

May Shields RN, MSN

May 30, 2014

Many Problems Lead to Older Adult Homelessness



Bed line at Woods-Mullen Shelter (April 2009)

Financial Problems For many older adults living on fixed incomes, rising rents and health care costs can start a downward spiral.

Job Loss For people in their fifties, job loss and prolonged unemployment can dramatically increase their risk of homelessness.

Physical Health Issues Debilitating health issues that prevent a return to work. Serious physical health problems can also limit seniors' ability to care for themselves and lead to dangerous self-neglect.

Mental Health Issues coupled with the sensory problems associated with old age (i.e., hearing loss, reduced vision), may lead to greater paranoia, distrust and isolation which can lead to homelessness.

Estrangement from, or no, family connections or social networks – most elders need support to navigate challenges associated with aging.

Other life crises, such as the death of a spouse, death of a family member who cared for them, divorce, domestic violence, criminal hx, or addiction.



Unique Challenges Faced by Homeless Elders

Homeless older adults face challenges that are very different from those experienced by younger adults or families. For seniors, the ravages of homelessness can accelerate and magnify the effects of aging, including:

- increased physical frailty
- chronic disease
- impaired mental function
- loneliness and isolation

Homelessness often leads to unsafe and unsanitary living environments. These conditions not only aggravate older adults' pre-existing health problems but may also interfere with effective treatment of their diseases.

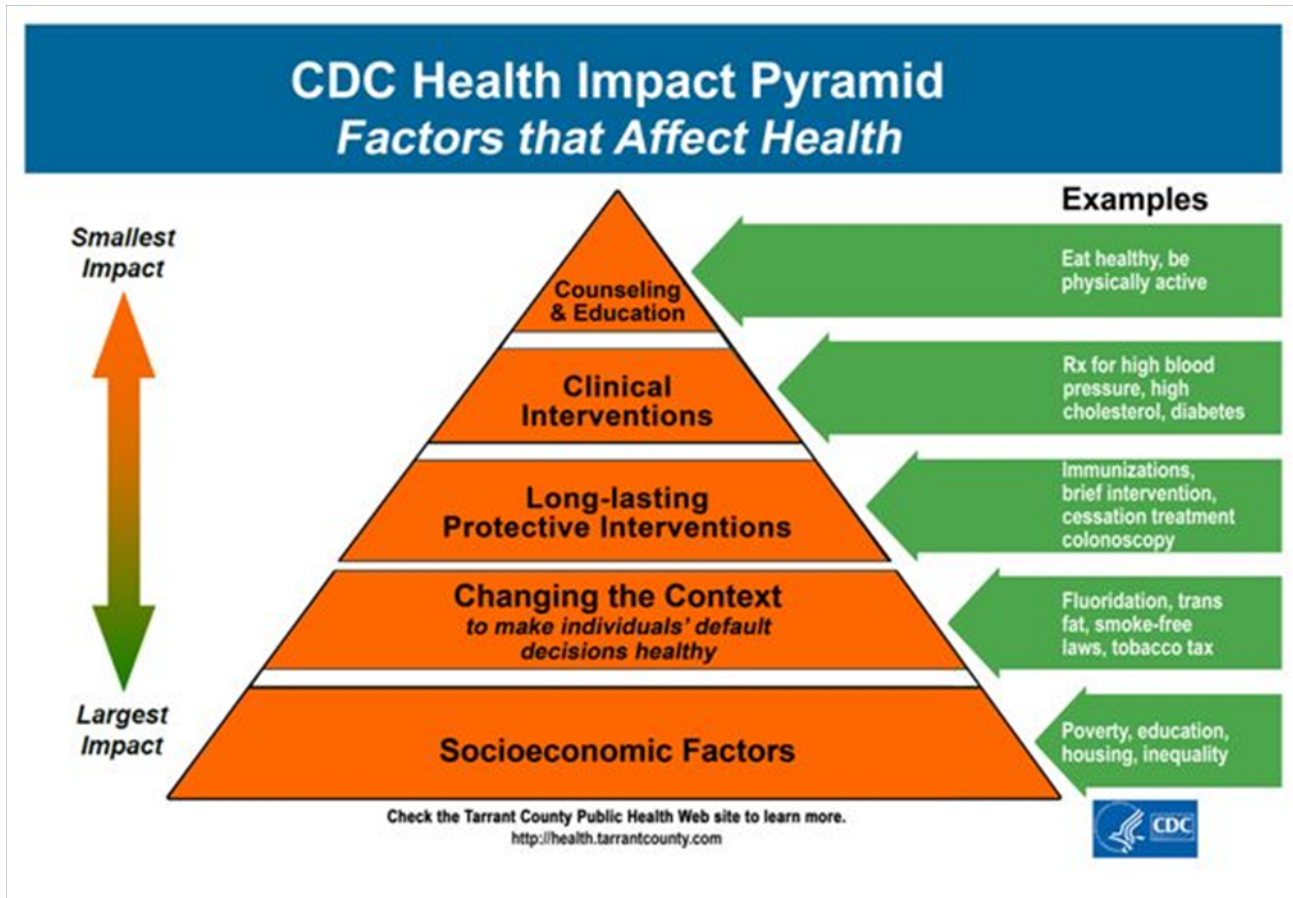
Surveys of homeless older adults reveal that more 50% have serious medical problems. In fact, in a recent study, 61% of Hearth's survey participants have active medical problems and 51% are living with chronic pain.

Most are post employment.

Needs will tend to increase with time.



Factors that Affect Health



Homeless & Older: Why Is It Different

REALITY

- Present clinically older than chronologic age
- Health problems have not been highest priority
- Deal with health when it's a crisis
- Needs will likely increase with age

APPROACH

- Deal with advanced chronic health problems
- Staying healthy will require a lot of work
- Welcome to primary care, specialty care and prevention
- Plan for medical and cognitive decline (increased support)



Primary Care Is Not The E.R.

- Make and keep appointments & arrange f/u
- Transportation – must have reliable timely transportation
- Compliance with a plan of care – requires communication and supporting follow-up
- Preventive health care – mammograms, eye exams & colonoscopies
- Referrals to specialists – this is part of the program
- Medication compliance – comply with schedule, co-pays, reminders, prefilled packaging, certified home care
- Hospitalization – communication, get the discharge paperwork, ensure f/u appts., medication reconciliation



Hearth Strategy

Hearth, Inc.

Outreach Program

1,600 elders placed; 3,500 served (capacity to help 350 elders/year)

Housing & Services

7 sites, 188 units

Advocacy

Furthers dialogue (local and national) to discuss and promote effective solutions to end elder homelessness



Hearth Housing

- Hearth has successfully created 188 units of permanent service-enriched housing located in seven different residences throughout the Greater Boston area.
- Each of Hearth's seven residences has a unique character and community for the elders who live there and call it home.
- One of these sites is a 43-unit assisted living facility in Boston targeted to low income elders.



Hearth's Service Delivery Model

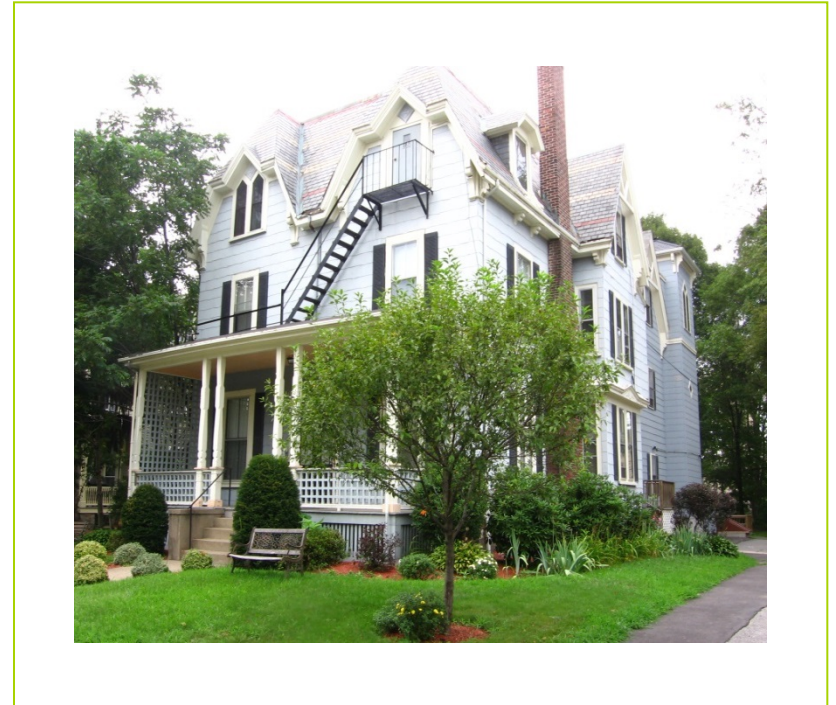
- Hearth's model integrates housing, mental health, medical and social services supports in a manner that permits even very frail elders to live with considerable independence in their own apartments
- Hearth's team is comprised of a Property Manager, MSW's, RN's, Site Directors, Resident Assistants, Personal Care Homemakers, Activity staff and a Representative Payee
- Students, interns and volunteers provide countless hours of service to our residents including work with:
 - Harvard Geriatrics Fellowship Program
 - Northeastern University Physical Therapy Program
 - Social Work Interns
 - Art Therapy Internship Program



Service-Enriched Supported Housing

Making Challenging Situations Work

- Subsidized Units
- Multidisciplinary Support Team with 24 hr. access
- Biopsychosocial Assessments and Treatment Planning
- Care Coordination & external referrals
- Medical management including physician collaboration, medication assistance, health screening and education, personal care & homemaking
- Crisis Management
- Social work oversight & behavioral health management
- Relapse Support
- Representative Payee
- Meals



Interdisciplinary Service Planning

- Starts with pre-admission screening
- Annual comprehensive bio-psychosocial resident assessment
- Individual service plans
- Individual behavior plans when necessary
- Case conferences and consultations
- Service provision across the continuum



Service Delivery Model

Maintain Resident Centered Approach: Keep Housed and Promote Independence

Resident Service Coord.

1 FTE
caseload 16

Property Mgr Liaison
Volunteer Management
Schedule concierge staff
Community engagement
Select staff supervision
Oversee Kit Clark meal program
Information and referral to community resources for select residents
Crisis Management

Resource Specialist

1 FTE
Caseload 74
Accompany residents
Assists with meals
Assist RSC with resource investigation

Property Manager

1 FTE
Attend weekly team meetings
Vacancies - provide weekly updates at team meeting
Apartment turnover
Tenant orientation
Unit preparation with RSC
Supervise maintenance
Work with assigned Hearth case manager regarding tenant issues
Quarterly fire drills.

Resident

Each resident assigned to a Case Manager.

Nurse and PC Homemaker if applicable

Rent and Property issues with Peabody – assigned social worker kept informed of issues or concerns

Nurse

1 FTE
Caseload 17 - 20
Case manage GAFC clients
Provide medical advice as needed for all residents
Schedule PCHM
Crisis Management

PCHM (GAFC)

Support RN
Personal Care
Support RS with
Serves lunch meal

Social Worker (DMH)

1 FTE
Caseload 15 DMH clients
8 Non DMH client
Crisis Management

Social Worker

.8 FTE
Caseload 36
Information and referral to community resources
Crisis management

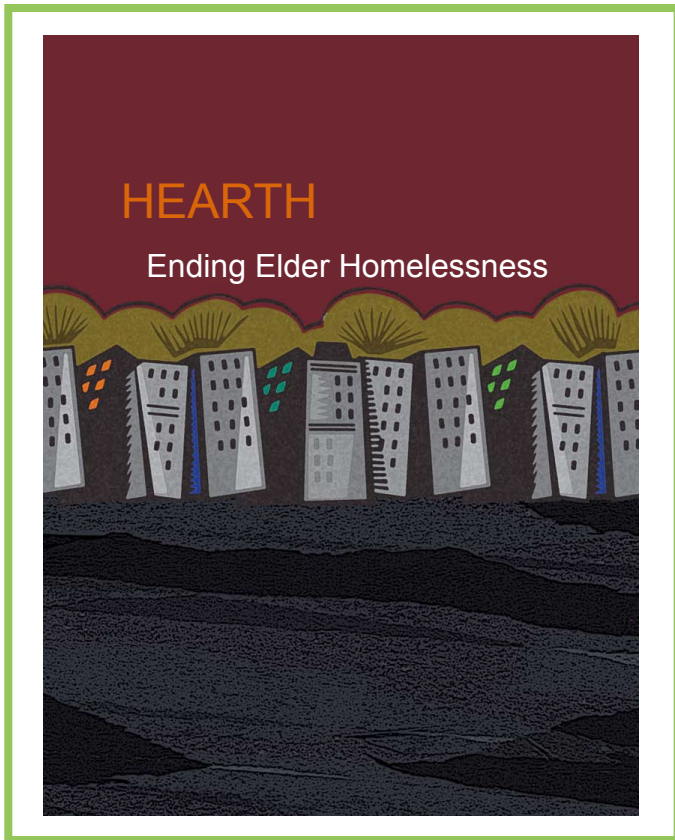
Resources and Partners

- Medical groups, primary care, Boston Health Care For The Homeless
- Department of Mental Health
- Boston Emergency Services Team
- Certified Home Health Agencies
- HRSA fellowship (Health Resources and Services Adm.
- Volunteers



Hearth's Study Data

In June of 2008, elderly residents of Hearth housing were surveyed to document their pathways to homelessness, their challenges and needs, and their experiences in Hearth's service-enriched housing.



Factors Leading to Hearth Residents' Prior Homelessness

- Mental health problem
- Physical health problem
- Family & friends request elder leave (i.e., conflicts, overcrowding)
- Addictions
- Eviction
- Loss of family member providing home or care (i.e., relocation, death)
- Loss of housing unit (i.e., condemned, closed)
- Domestic violence or elder abuse
- Self-Neglect



Most Common Chronic Physical Health Problems and Diagnosed Mental Health Problems

Chronic Physical Health Problems

- Circulation/Heart Problems
- High Blood Pressure/ Hypertension
- Diabetes
- Arthritis/Muscular-Skeletal Problems
- Vision Problems
- Lung Disease
- Dental Problems
- Hearing Problems
- Skin Problems

Mental Health Problems

- Schizophrenia
- Depression
- Paranoia
- Bipolar Disorder



Hearth Survey Participants Requiring Help with Activities of Daily Living (ADLs) & Instrumental Activities of Daily Life (IADLs)

ADLs

- Bathing: **61%**
- Dressing: **44%**
- Toileting: **24%**
- Eating: **6%**
- Transfer in & out of bed or chair: **1%**

IADLs

- Housekeeping: **74%**
- Laundry: **70%**
- Medication Management: **57%**
- Transportation: **53%**
- Shopping: **49%**



Outcomes From Hearth Resident Survey

Housing with integrated supportive services leads to good outcomes for elders who have struggled with the consequences of poverty and homelessness.

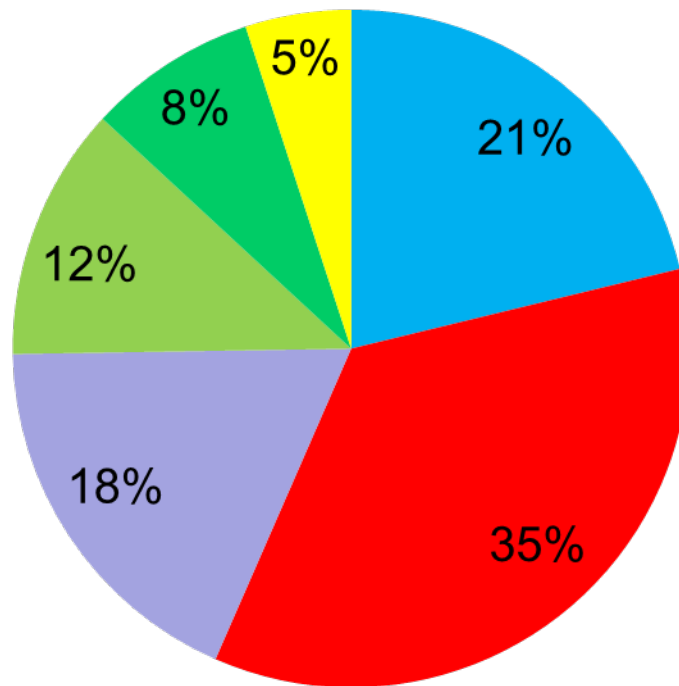
- 95% of Hearth's survey respondents report a visit with a primary medical care provider within the previous six months
- 78% of respondents express satisfaction with their living environments, with an additional 10% expressing neither satisfaction nor dissatisfaction
- 70% of respondents report being either satisfied or very satisfied with their lives, in general
- 68% of respondents rate their health (including physical, emotional, and mental health) as either good, very good, or excellent

Access to safe, affordable housing and a supportive living environment promotes stability, wellness, and life satisfaction among formerly homeless older adults.



Hearth's Sources of Revenue

Revenue



- Government grants & other contracts
- Rental fees and program revenues
- Donations & funds released from donor restriction
- Net assets released - capital restrictions
- Developer fee Revenue
- Other



Financing of the Model

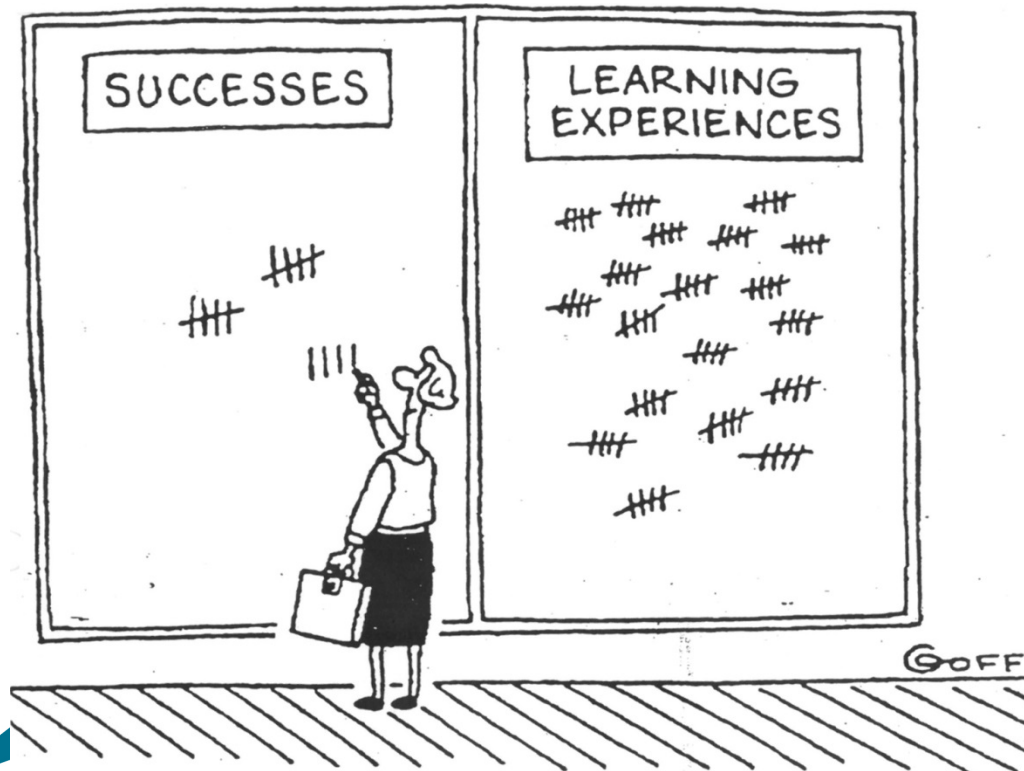
Public/Private Programs that Support Hearth

- HUD Section 8
- SSIG – Supplemental Security Income – G
- MA Health – Group Adult Foster Care
- DMH – Department of Mental Health
- EOEA – Executive Office Of Elder Affairs
- SCO – Senior Care Options
- Grants & Private Philanthropy



Addressing Health Needs

- Try out the health goals in small increments
- Revise plan as needed



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Pushing Forward

- **Some supportive housing and PHAs are targeting this population**
- **Improving linkage b/t health care coordination and housing case management**
- **New partners – example: Area Agencies on Aging**
- **Improving unit accessibility**
- **Improving federal resources**
- **Improving Health Insurance Coverage – Dual Eligibles**
- **Staff manage end of life care**